

**COMBINED
DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63)
AND POWER OF ATTORNEY**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number	2139-32US CC/iw
First Named Inventor	Bernard MASSIE et al.
Complete if known	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.
I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LIGAND-PSEUDORECEPTOR SYSTEM FOR GENERATION OF ADENOVIRAL VECTORS WITH ALTERED TROPISM

the specification of which

is attached hereto.

OR

was filed on 10/22/2004
(mm/dd/yyyy)

as United States Application Number or PCT International Application Number PCT/CA2004/001794
and was amended on (mm/dd/yyyy) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/514,532	10/24/2003	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/CA2004/001794	10/22/2004	

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

Customer Number: **020988**

Direct all correspondence to:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of sole or First Inventor:

Given Name (first and middle [if any])

Bernard

A petition has been filed for this unsigned inventor

Family Name or Surname

MASSIE

Inventor's Signature

Date _____ Citizenship _____

Residence: City

Laval _____ State Quebec _____ Country Canada _____ Citizenship _____

Post Office Address

6640, rue Riopelle _____

City Laval _____ Province or State Quebec _____ Postal Code Or Zip H7H 1R3 _____ Country CANADA

Additional inventors are being named on the 1 supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**

PTO/SB/02A (10-00)

DECLARATION

**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3**

Name of Additional Joint Inventor, if any:

Given Name (first and middle [if any])

A petition has been filed for this unsigned inventor

Family Name or Surname

ZENG

Yue

Date

Inventor's Signature

Residence: LaSalle State Quebec Country Canada Citizenship _____

City

Post Office Address 7217D, rue Chouinard

City LaSalle

Province
or State

Quebec

Postal Code
Or Zip

H8N 2Z7

Country CANADA

Name of Additional Joint Inventor, if any:

Given Name (first and middle [if any])

A petition has been filed for this unsigned inventor

Family Name or Surname

Maureen

O'CONNOR-MCCOURT

Date

Inventor's Signature

Residence: Beaconsfield State Quebec Country Canada Citizenship _____

City

Post Office Address 186 Sherbrooke Street

City Beaconsfield

Province
or State

Quebec

Postal Code
Or Zip

H9W 1P2

Country CANADA

Name of Additional Joint Inventor, if any:

Given Name (first and middle [if any])

A petition has been filed for this unsigned inventor

Family Name or Surname

Inventor's Signature

Date

Residence: _____ State _____ Country _____ Citizenship _____

City

Post Office Address _____

City

Province
or State

Postal Code
Or Zip

Country _____

Additional inventors are being named on the

supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

International Depository Authority of Canada
National Microbiology Laboratory, Health Canada
1015 Arlington Street
Winnipeg, Manitoba Canada R3E 3R2

Tel: (204) 789-2070
Fax: (204) 789-2097

International Form IDAC/BP/9

STATEMENT OF VIABILITY

(Issued pursuant to Rule 10.2 of the Budapest Treaty Regulations)

Party to Whom the Viability Statement is Issued

Name: Christian Cawthron

Address: 1981, avenue McGill College, Bureau 1600, Montreal, P.Q., Canada H3A 2Y3

Depositor

Name: NRC

Address: Biotechnology Research Institute, 6100 Av Royalmount, Montreal, Quebec H4P 2R2

Identification of the Deposit

Accession Number given by the International Depository Authority: 211004-01

Date of the original deposit (or most recent relevant date): October 21, 2004

Viability Test

Viability of the deposit identified above was tested on (most recent date): Nov. 26, 2004

On the date indicated above, the culture was:

viable

no longer viable

Conditions under which the Viability Test were performed (to be filled in if the information has been requested and the results of the test were negative): _____

Signature of person(s) authorized to represent IDAC

J. L. Cawthron
Date: November 26, 2004

File 065 (04)

International Depository Authority of Canada
National Microbiology Laboratory, Health Canada
1015 Arlington Street
Winnipeg, Manitoba Canada R3E 3R2

Tel: (204) 789-2070
Fax:(204) 789-2097

International Form IDAC/BP/9

STATEMENT OF VIABILITY
(Issued pursuant to Rule 10.2 of the Budapest Treaty Regulations)

Party to Whom the Viability Statement is Issued

Name: Christian Cawthon

Address: 1981, avenue McGill College, Bureau 1600, Montreal, PQ, Canada H3A 2Y3

Depositor

Name: NRC

Address: Biotechnology Research Institute, 6100 Av Royalmount, Montreal, Quebec H4P 2R2

Identification of the Deposit

Accession Number given by the International Depository Authority: 211004-02

Date of the original deposit (or most recent relevant date): October 21, 2004

Viability Test

Viability of the deposit identified above was tested on (most recent date): Nov. 26, 2004

On the date indicated above, the culture was:

viable

no longer viable

Conditions under which the Viability Test were performed (to be filled in if the information has been requested and the results of the test were negative): _____

Signature of person(s) authorized to represent IDAC

Date: November 26, 2004

Statement of Viability 1/1

File 065 (04)

International Depository Authority of Canada
National Microbiology Laboratory, Health Canada
1015 Arlington Street
Winnipeg, Manitoba Canada R3E 3R2

Tel: (204) 789-2070
Fax:(204) 789-2097

International Form IDAC/BP/9

STATEMENT OF VIABILITY

(Issued pursuant to Rule 10.2 of the *Budapest Treaty* Regulations)

Party to Whom the Viability Statement is Issued

Name: Christian Cawthon

Address: 1981, avenue McGill College, Bureau 1600, Montreal, PQ, Canada H3A 2Y3

Depositor

Name: NRC

Address: Biotechnology Research Institute, 6100 Av Royalmount, Montreal, Quebec H4P 2R2

Identification of the Deposit

Accession Number given by the International Depository Authority:211004-03

Date of the original deposit (or most recent relevant date): October 21, 2004

Viability Test

Viability of the deposit identified above was tested on (most recent date):Nov. 26, 2004

On the date indicated above, the culture was:

viable

no longer viable

Conditions under which the Viability Test were performed (to be filled in if the information has been requested and the results of the test were negative):_____

Signature of person(s) authorized to represent IDAC

TJ
Date: November 26, 2004

Statement of Viability 1/1

File 065 (04)